

**2015 Governor's Scholars Program
Document Return Checklist**

ALL documents must be received in the Governor's Scholars Program office by May 4th:

- ☐ **Medical Form**
- ☐ **Front and back photocopy of your insurance card**
- ☐ **Current Commonwealth of Kentucky immunization certificate - *Be sure that the expiration date on the certificate is NOT before July 1, 2015.***
- ☐ **Signed Learning Contract**
- ☐ **\$30.00 damage deposit - *Please make your check payable to GSP.***
- ☐ **Self-addressed stamped return envelope - *Be sure to include \$0.49 postage or a Forever Stamp on the envelope. You do NOT need to provide this envelope if you have chosen to donate unused funds from your damage deposit to the GSP and indicated that desire at the bottom of the Learning Contract form.***
- ☐ **Release Form – Parental Permission Slip**
- ☐ **Legislative Information Form**
- ☐ **Personal Information Form**

Please return the following ONLY if you are requesting a specific session due to extenuating circumstances:

- ☐ **Session Request**

Return all correspondence to:

**Governor's Scholars Program
1024 Capital Center Drive, Suite 210
Frankfort, KY 40601**

2015 Governor's Scholars Program

Medical Form

Please print with pen or type clearly. This will be copied.

Student Name _____
Last First Middle

Date of Birth: _____ Social Security No.: _____

MEDICAL INSURANCE

This information is required in case of emergency or illness.

_____ I do not have insurance. _____ I do have insurance.

Attach a copy of your insurance card (FRONT AND BACK) to be used in case medical treatment is required. Be sure to designate your child's name on the copy. If you do not have an insurance card, please submit: 1) Insurance Company Name; 2) Address; 3) Policy and Group Number; and 4) Subscriber and Child's Name.

MEDICAL INFORMATION CONCERNING THE STUDENT

Allergies: _____

Will student require shots? Yes _____ No _____ If yes, how often? _____

Current medication: _____

Special diet information: _____

If you will require an assistant for a significant medical need, please inform our office immediately. Please also list medical information or history you think would be of use to GSP. (You may attach an additional sheet, if necessary.) _____

List two people to be notified in case of emergency. One should be a parent or legal guardian.

1. _____ 2. _____

Primary Phone: _____ Primary Phone: _____

Secondary Phone: _____ Secondary Phone: _____

Parental Permit

This provides parental permission for medical examination and treatment in an approved and authorized hospital, physician's office, or other medical facility.

The following consent form should be signed by the parent or legal guardian of the student, so that appropriate diagnosis and treatment may be carried out, and so that no unnecessary delays will occur with emergency procedures, including operational procedures. No operations will be performed, except in an emergency, without parent or legal guardian's being contacted and fully informed.

I give my permission for _____ to receive necessary medical treatment at an authorized hospital, medical facility, or office by appropriate medical professionals.

Signed: _____ Date: _____

Relationship to Student: _____

2015 Governor's Scholars Program LEARNING CONTRACT

I, the undersigned, accept appointment to the 2015 Governor's Scholars Program.

I agree to abide by the regulations established for the Governor's Scholars at the campus to which I am assigned (as published in the campus handbook). I will remain in the program from Opening Day until Closing Day, unless special leave is granted for such causes as illness or emergency. I will participate fully in class daily for the entire term, from opening day until the final day.

The Governor's Scholars Program agrees to provide room, board, instruction and most recreational opportunities at no charge to the undersigned student while the program is in session.

I understand that failure to fulfill the terms of this contract, including any violation of the "non-negotiable" rules, may result in my being dismissed from the program.

I understand that I will be liable for the total cost of any damages to property and/or the loss of any university items (keys, library books, etc.). I agree to remit a \$30.00 damage deposit to the Governor's Scholars Program that will be reimbursed no later than August 16, 2015, if no charges are owed. (Please include a check or money order. A stamped self-addressed envelope is required or deposit will not be returned.)

Student Name (please print)

Student Signature

Address

Parent/Guardian Signature

Date

If you prefer to donate any unused portion of your \$30.00 damage deposit to the Governor's Scholars Program as a tax-deductible gift, please indicate your intention by signing below. Your donation will be credited by August 16, 2015 and, at that time, you will receive an official acknowledgement of contribution for your tax preparation purposes.

I would like to donate any unused portion of my \$30.00 damage deposit to the Governor's Scholars Program as a tax-deductible gift.

Donor Name

Donor Signature

Donor name must match account holder name on the \$30.00 deposit check or money order.

**2015 Governor's Scholars Program
Release Form – Parental Permission**

- A) I hereby grant permission for

(Student's Name)

to participate in all activities of the 2015 Governor's Scholars Program, to be interviewed and/or photographed by media representatives, and to be listed or written about in news and publicity releases, as well as in fundraising and other external materials. I also hereby grant permission for the Governor's Scholars Program to provide transportation for field trips and other activities, to use sections from my application as examples, and to provide responses to questionnaires designed to provide data for Program evaluation and for professional and academic research. (All evaluation and research information will be fully protected as confidential material and reported in summary/statistical form only.) I also hereby authorize the Governor's Scholars Program to collect information regarding scholarships received after attending the Program.

Signed

Parent _____

Guardian _____

Student

- B) This authorization includes permission for the Governor's Scholars Program to release my name, address, and Social Security Number to Kentucky college and university officials for purposes of recruitment and merit-based financial aid. (If this is not signed, your information will **NOT** be released to any college or university and, as a consequence, you may not be eligible for scholarships designated by Kentucky colleges and universities for students who have completed the five-week Governor's Scholars Program. The Governor's Scholars Program will not, under any circumstance, sell your personal information.)

Signed

Parent _____

Guardian _____

Student

**2015 Governor's Scholars Program
Legislative Information Form**

Governor's Scholar's Full Name: _____

Address: _____

County of Residence: _____

The following website may help you find the information requested below.

<http://votesmart.org/>

My **State** Representative's name is: _____

(Please do not list Congressmen at the federal level.)

Number of District represented is _____. (Number should be between 1 and 100.)

My **State** Senator's name is: _____

(Please do not list Senators at the federal level.)

Number of District represented is _____. (Number should be between 1 and 38.)

**2015 Governor's Scholars Program
Personal Information Form**

Please provide the following information to help us plan for the summer Program.

Scholar On-Campus Contact Information

This information will be used for GSP purposes and emergency procedures only.

Scholar Name: _____

Scholar E-mail Address: _____

Scholar Cell Phone Number: (_____) _____

*If the scholar will be bringing a cell phone to campus, please provide that number.
It will be used as an additional form of contact in case of emergency.*

Scholar T-Shirt Information

All scholars will receive a GSP t-shirt on Opening Day.

Scholar T-Shirt Size (circle one): S M L XL XXL

GSP Legacy Information

Have you had any immediate relatives attend the Governor's Scholars Program?

If so, please list their name(s), year(s) attended and relationship(s) to you.

This information will be used for statistical purposes only.

2015 Governor's Scholars Program Session Request

**Complete only if you are requesting a specific session due to extenuating circumstances.
Only valid requests will be considered. They are subject to approval by the committee.**

Session requests are honored for reasons that are truly extenuating. The following reasons are not considered unique: conventions, conferences, camps, workshops, competitions, pageants, family vacations/reunions, or college preferences.

Leaves of absence are not permitted during the five-week session. Scholars will not be excused to attend concurrently scheduled programs such as the ones mentioned above. The Governor's Scholars Program considers it unethical and unfair to other participants for a scholar to accept a nomination knowing in advance that permission will be sought at a later date to be absent during the program. **Please note that requesting a specific session may affect your class choices. Not all subjects are offered on all campuses.**

Please provide your most reliable contact information in the instance the committee needs to speak with you.

Student Name

Phone and Email

School District

High School

Because of the reason stated below, I am requesting to be assigned to a session that does not present a time conflict.

For your information:

SESSION 1: Scholars arrive Sunday, June 21; Scholars depart Saturday, July 25

SESSION 2: Scholars arrive Saturday, June 27; Scholars depart Friday, July 31

SESSION 3: Scholars arrive Sunday, June 28; Scholars depart Saturday, August 1

Reason (A detailed explanation and a letter of verification from an official or head of organization, including dates, is required.) Travel must have been pre-paid by April 13, 2015 to be considered. A copy of confirmation of airfare, hotel reservations, etc. is required.

Must be received by May 4th to:

**Governor's Scholars Program
1024 Capital Center Drive, Suite 210
Frankfort, KY 40601**